

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: AFCC

Subcontractor: CCKC- St. Joseph

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED] Date Enrolled 09/01/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
02/05/17	Walmart crib mattress (spring coil) instead of pack & play to use in her own crib in a small bedroom. Cost is less than usual pack n play purchased.	\$44.99	Client in need of a crib mattress rather than program purchasing a pack n play for her, per her request. She has no funds or other resources available to pay for mattress. Baby due 03/03/17.
Amount to be reimbursed		\$44.99	

Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Authorized person requesting purchase: 

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____
